## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDS	NCE AGDRESS (Note: Use Bl	ock 1 for any change of address)	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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EAST HANOVE	R, NJ 07936-1080					(Crepositor's name)
						(Signature)
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APPLICATION NO.	FRING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/564,258 HITLE OF INVENTION	06/21/2006 MIXTURES OF IONR	CLIQUIDS WITH LEW	Peter Wasserscheid IS ACIDS		DV/4-33285A	7678
APPLN, TYPE	SMALL ENTITY	issue fee dus	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DOE	DATE DUE
nonprovisional	NO	\$1510	\$300	80	\$1810	03/22/2010
EXAM	INER	ARTÚNIÉ	CLASS-SUBCLASS			
COVINGTON,	RAYMOND K	1625	546-249000			
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A	ondence address (or Cha 3/122) attached ication (or "Fee Address 2 or more recent) attacf	mge of Correspondence  "Indication form sed, Use of a Customer  A TO BE PRINTED ON	registered attorney or agent) and the names of up to			
(A) NAME OF ASSI	67		(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Assignment recorded on			
Novartis AG			Basel, Switzerland 1/13/2010			
Please check the appropr	iate assignee category ia	r estegories (will not be p	printed on the patent): 🗓	Individual 👿 Corpora	Reel 023771 ation or other private gr	Frame 0037 Supporting Observment
			B. Physicant of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 190134 (enclose an extra copy of this form).			
	s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeends of the United Sta	uired) will not be accept ates Patent and Tradema	ied from anyone other than t rk Office.	he applicant; a registere	d attorney or agent, or t	he assignce or other party in
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an application. Confiden submitting the completes this form and/or suggest Box 1450, Alexandria, N Alexandria, Virginia 223	tiality is governed by 35 d application form to the tons for reducing this but irginia 22313-1450. DO: 13-1450.	SU.S.C. 122 and 37 CF1 e USPTO. Time will val inden, should be sent to t O NOT SEND FEES OR	R 1.14. This confection is est ry depending upon the indiv the Chief Information Office	imated to take 12 mmu ridual case. Any commo re, U.S. Patent and Trad O THIS ADDRESS, SE	tes to complete, including this on the amount of the emark Office, U.S. Dep ND TO: Commissioner	d by the USPTO to process) og gathering, preparing, and me you require to complete sartment of Commerce, P.O. for Patents, P.O. Box 1450, I number.
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